


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90573 013 ***150.00

DOCUMENT # P94000046392 1. Entity Name WILLIAM D. SHIVELY, INC.			
Principal Place of Business 880 HURON COURT #402 MARCO ISLAND FL 34145 US		Mailing Address 880 HURON COURT #402 MARCO ISLAND FL 34145 US	
2. Principal Place of Business 3213 Alcott Ave Suite, Apt. #, etc.		3. Mailing Address 3213 Alcott Ave Suite, Apt. #, etc.	
City & State Plant City, FL Zip 33526		City & State Plant City, FL Zip 33526	
Country USA		Country USA	
4. FEI Number 65-0500627		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIVELY, WILLIAM D 880 HURON COURT #402 MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3213 Alcott Ave City Plant City FL Zip Code 33526	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHIVELY, WILLIAM D 880 HURON CT MARCO ISLAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Shively, William D 3213 Alcott Ave Plant City, FL 33526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William D. Shively</i> William D. Shively		Pres. <i>4-23-04</i> 4-23-04 <i>239-641-6104</i> 239-641-6104	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

040000730



MOORE CR2E034 (11/03)